

MONITOR CHECKLIST FOR DAY CARE HOMES

1	PROVIDER			2	DATE	TIME
	ADDRESS				Type of Visit <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Annual Visit <input type="checkbox"/> Initial (28 day)	
	Telephone Number		CACFP Number	5	Lic/Reg Capacity <input type="checkbox"/> Enrolled/Informal <input type="checkbox"/> Licensed <input type="checkbox"/> Registered License/registration available and current <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process	
3	<input type="checkbox"/> Bkfst <input type="checkbox"/> AMS <input type="checkbox"/> Lunch <input type="checkbox"/> PMS <input type="checkbox"/> Supper <input type="checkbox"/> LNS <input type="checkbox"/> W/E <input type="checkbox"/> None <input type="checkbox"/> Observed <input type="checkbox"/> Attempted			4	Approval Year Begin Date	
6	MEAL COMPONENT	FOOD SERVED (Complete if meal observed)		8	LIST CHILDREN PRESENT	
	Milk				Date of Birth	Enrolled in Care <input type="checkbox"/> Yes <input type="checkbox"/> No
	Meat/Alternate					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fruit/Vegetable					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fruit/Vegetable					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Bread/Alternate					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other					<input type="checkbox"/> Yes <input type="checkbox"/> No
7	EVALUATION CHECKLIST					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Health and safety violations observed	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of children in attendance within legal capacity	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Food handling, preparation and storage facilities are clean and sanitary	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Last date of recorded meal count _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Today's meal count is similar to previous five serving days	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dated menus through prior service day	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Meal observed meets components	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Infant menus maintained	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Enrollment records up-to-date	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Attended required CACFP training	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Current DOH-4161 on file to claim own / resident children	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
(attach additional sheets if needed)						
9	LIST PROVIDER'S OWN/RESIDENT CHILDREN PRESENT					
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
10	ENROLLED/INFORMAL PROVIDER ONLY					
	Number of non-resident children related to Provider					
	Number of non-resident children not related to Provider					
11	REVIEWER COMMENTS/CORRECTIVE ACTION OR FOLLOW-UP NEEDED					
PREVIOUS CORRECTIVE ACTION COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Explain						
Monitor Signature			Provider Signature			Date
12	MATCHES MENU? <input type="checkbox"/> Yes <input type="checkbox"/> No	MATCHES MEAL COUNT/ATTENDANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain			
	Note Action Taken Related to Discrepancy					Initials
13	Local homes system has been updated to reflect changes		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

INSTRUCTIONS FOR COMPLETING DOH-4118

The DOH-4118 must be completed during the on-site monitoring visit to the Provider's home. Sponsoring Organizations are required to conduct a minimum of three monitoring visits per Provider for each twelve months of participation.

1. Provider Information

Provider Name – Enter the name of the Day Care Home Provider.

Address – Enter the physical address of the Provider, including city, state and zip code.

Phone – Enter the Provider's telephone number.

CACFP Number – Enter the Provider's ID number from the CACFP homes system.

2. Visit Information – Enter date/time of visit and type (announced or unannounced).

- At least three visits per year and two must be unannounced.
- Meals must be observed at a minimum of two visits per year.
- A new Provider must have their initial monitoring visit within 28 days from beginning of participation (during the Provider's first month of claiming).
- At least once during the year, the monitor should obtain updated information on enrollment, hours of operation, meals claimed, etc. This is called the *annual visit*.

3. Meal Service Observed – Check the box that corresponds to the meal service observed or attempted.

- A meal or snack should be observed on at least two of the required three visits.
- If meals are claimed on weekends (W/E) or in the evenings (supper or late night snack), monitoring visits should be scheduled during these times at least once per year.
- Indicate if the meal was actually observed or attempted but missed. Record meal if missed.

Note: W/E means *weekend* meals approved.

4. Approval Year Begin Date – Enter the Provider's initial Approval Year Begin Date, which should correspond to the date that the Continuous Application and Agreement (DOH-3705) was signed.

5. License/Registration Information – Enter capacity information from license/registration and check if current or in renewal process.

6. Meal Components – List food items served or observed by component. If monitor missed seeing meal, record what was served.

7. Evaluation Checklist – Sponsoring Organizations are required to report violations in the health and safety of the child care home, including food preparation and service. Up-to-date enrollment, attendance, menus and meal count records must be available for review. The meal observed must meet required components as specified in the Child or Infant Meal Pattern [DOH-4214 & DOH-4215]. Monitor should ask to see the Provider's CACFP training documentation. (A Provider is required to attend CACFP training conducted by the Sponsoring Organizations once every year.) The monitor should observe if kitchen, food preparation area and storage facilities appear clean and sanitary. The Provider must have a current DOH-4161 on file to claim their own/resident children and must notify the Sponsoring Organization whenever there is a change in household income or resident composition.

8. Children In Attendance – List all children PRESENT at time of visit and their date of birth. Review the Provider's files for enrollment documentation. Check if enrollment documentation is on file.

Note: Enrollment information must be updated annually: name, age, date of birth, start date, drop date, parent/guardian name, address and telephone number, expected days and hours that child will be in care. (Note: Users of the NYS CACFP System may use the *participant report* to check attendance and update enrollment information at the visit.)

9. Provider's Own/Resident – Indicate the name, date of birth and enrollment status for Provider's own or resident children present at time of review.

Note: All of the Provider's children participating in CACFP must be enrolled. A Provider that is not eligible to claim their children in CACFP must still report their children on attendance records when they are under school age as they count toward the licensed/registration capacity.

10. Enrolled Provider Information – The Enrolled Provider, Legally Exempt or Informal Family Day Care Provider must care for at least one child who receives subsidized child care payments from their local department of social services for each month claimed. The Enrolled or Informal Provider cannot care for more than two non-resident/non-related children (not counting Provider's own or children over 13 years of age). There is a capacity of eight when the Provider cares for eligible resident (Provider's own) and/or relative children while also caring for up to two non-resident, non-related children. The Provider must have enrollment documentation for all children in care.

11. Reviewer Comments & Corrective Action or Follow-up – The Sponsoring Organization should develop and implement a corrective action plan for a Provider to follow when CACFP program requirements are not met during monitoring visits; i.e., require the Provider to submit enrollment forms by a certain date, or disallow meals when meal count and attendance records were not up to date. If a previous visit found problems, indicate if they have been corrected by the Provider.

12. Provider Records Correspond To Observations – When the Provider submits the monthly menu, meal counts and attendance record, Sponsoring Organizations must review what was recorded for the date of the visit. If there is a difference between what the monitor observed and what the Provider recorded for that date, meals should be disallowed accordingly. Corrective action should be taken to prevent such discrepancies in the future.

13. Local Homes System Update – If there are changes in the Provider's Tier status, meals, service times, days of operation, capacity, enrollment, income or household composition you must also update the local homes system.